Months.	*Births.*	*Deaths,* 0—30 *days.*
December	17	7
January	16	5
February	28	3
March	23	9
April	20	6
May	18	7
June	18	3
July	18	10
August	30	26
September	7	4
October	29	22
November	20	14

From this table it appears that of 244 children brought to the hospice in five years, 116 died in the course of the first month = 48 per cent.; that of 123 children born between January and June, 33 died in the first month; while 83 died out of 121, born between July and December. In the first months of the year the mortality was 27, in the last six months 67 per cent.; of 100 children born between January and June, 73 survived the first month; between July and December only 31 survived.

The mortality is raised by extreme cold; in November and December, 1829, out of 29 children admitted, 19 died in the first month after admission; in July and August of the same year 11 died in the first month out of 25 admitted.

These facts show very decidedly the evil consequences of denying infants their natural food, and furnish another argument against the fatal practices of those heartless mothers who abandon, or refuse to suckle their own offspring.

54. *On the mortality and sickness of Soldiers.*—The *Lancet* of 28th April last contains some extremely interesting observations on this subject by T.R. EDMONDS, Esq. The sources of inefficiency of an active army are very imperfectly understood; the lists of the killed and wounded are commonly supposed to comprise nearly the whole losses of an army; its numerical strength is commonly supposed to represent its real and effective strength; the deaths and the sickness caused by disease, fatigue, or privation, are generally passed over as insignificant. Few people appear to be acquainted with the fact, that in a long campaign the deaths through fatigue, insufficient nourishment, and exposure to cold, are much more numerous than the deaths caused by battle. Another important fact, not generally known, is, that in a long campaign one fourth part of the army is, at most times, disabled by sickness and unfit for duty.

Mr. Edmonds having been allowed access to the official monthly returns of the living, sick and dying of the British army, has taken advantage of the opportunity to institute some investigations, with the view of determining, 1st, the total loss of life (whether from disease or from battle) incurred by the peninsular army in a given time, distinguishing officers from private soldiers. 2nd, to determine the average proportion of the army constantly sick; the proportion killed in different battles, and the proportion wounded, as well of officers as of privates, and the relative mortality, in the same battles, of officers of different ranks and arms.

During the last 41 months of the peninsula war, or from the 25th Dec., 1810, to the 25th May, 1814, the total deaths of private soldiers of the army amounted to 33,829, or 825 per month; the total deaths of officers in the same time amounted to 940, or 23 per month. The average numbers living during this period, derived from 41 monthly musters, were 61,511 privates, and 2716 officers; consequently, the annual average rates of mortality during this period were 16.1 per cent. for privates, and 10.1 per cent. for officers;* that is, the total mortality of privates was more than 50 per cent. greater than that of officers.

On comparing the mortality of officers and privates, at different seasons of the year, it is found that the excess in the mortality of privates exists only during the winter, the season generally passed by the army in cantonments; during the summer (25th March to 25th Sept.) there is no sensible difference between the mortality of officers and that of privates; during each of three summers, the deaths of officers were, to the deaths of privates, in the proportion of 1 to 25 nearly; during each of two winters, the proportion became that of 1 to 70; in the third winter an exception occurs, and the proportion coincided with the average for the year; it is accounted for by the army having kept the field during this winter, contrary to the usual custom. During the 41 months, the total deaths of officers were, to the total deaths of privates, in the proportion of 1 to 36; there was living, at the same time, one officer (including non-combatants) to 22½ privates, or one combatting officer to 25½ privates.

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* These rates coincide with the rates, during peace, of English officers and privates in Jamaica.

During the months in which battles were fought, the mortality of officers, Mr. Edmonds found, was always high relatively to the privates. Thus the greatest number of deaths of officers occurred in the month of April, 1812, corresponding to the siege of Badajoz. In the same month there died 1311 privates; so that there were only 17 deaths of privates to one death of officers, which is less than one-half of the general average. A similarly high relative and absolute mortality of officers, is observable during the months in which the battles of Fuentes d'Onor, Salamanca, Vittoria, Pyrennees, and Toulouse were fought. Since the greater number of battles are fought during the summer, the higher relative mortality of officers to privates in summer than in winter, may be considered as accounted for by battles being proportionally more destructive to officers than privates. The number of deaths of officers during any month, is generally indicative of the quantity of fighting during that month; but the number of deaths of privates is of very little value in this respect. The deaths of privates are, in several instances, as numerous during months in which there was no battle, as during months in which important battles were fought.

In battle there is a great difference between the mortalities of officers of different ranks. Field-officers and captains suffer much more severely than lieutenants, who again suffer more severely than ensigns. The mortality of captains from battle is double that of ensigns. It seems probable that this difference in the mortality is dependant upon the difference in the age of the parties, the juniors being more likely to survive a given wound than their seniors. Perhaps, however, the relative positions occupied in battle by officers of different ranks may cause the differences in the mortalities. A captain, in order to set a good example to his company, will frequently place himself in a conspicuous and exposed situation, will be in the front rank, and will be most in advance to meet the enemy. On the fall of a captain his place will be filled by a subaltern, whose duty it will be to expose himself to a similar and increased risk of death.

The number of officers who die of wounds after the day of action, is generally equal to a little more than one-third part of the deaths occurring on the day of action. Such was nearly the case, at the five battles—Talavera, Salamanca, Vittoria, Orthes, and Waterloo. The deaths on the day of action are generally *four* times as great as the number dying of wounds in the 10 succeeding days. And the deaths during any period of 10 days after action, are generally four times as great as the number of deaths in the period of 10 days next following.

During the last 41 months of the peninsula war, the proportion of captains and subalterns killed was at the rate of 4.9 per cent. per annum. The proportion of privates killed in the same period was at the rate of 3.2 per cent. per annum. By adding one-third part to these numbers for dead of wounds, we shall have the total annual mortality from battle,—6.6 per cent. for officers, and 4.2 per cent. for privates. Since the deaths of captains and subalterns, from all causes, during the same period, was 10.3 per cent. per annum, and since the deaths of privates, from all causes, was at the rate of 16.1 per cent. per annum, it follows that the annual mortality from all causes except battle, was—3.7 per cent. for captains and subalterns, and 11.9 per cent. for private soldiers.

Although it is well ascertained that in the entire peninsula army, the mortality of officers from battle was 50 per cent. greater than that of privates, it is not, however, certain that so great a disproportion exists between the officers and privates who have been actually engaged in the same combats. For there is reason to believe that a greater proportion of privates than of officers is absent when a battle is to be fought. In the first place 22½ per cent. of the private soldiers of the peninsula army, is the proportion generally absent on account of sickness. In the next place a proportion of 8 per cent. is generally detached for various purposes, "on command" as it is termed. The returns to the Adjutant-General's Office make no mention of the officers absent through sickness, or from being "on command." It is highly probable that the proportion of officers absent from these two causes, did not exceed one-half of the proportion of privates absent from the same causes. The apparent excess in the mortality from battle of officers over that of private soldiers, would then be subject to a considerable reduction, if those who have been actually engaged are alone compared. Such a diminished excess is, however, to be understood as restricted in its application, to battles of an ordinary degree of severity. In the harder fought battles of the Peninsula, as at Waterloo, the mortality of officers was more than 50 per cent. greater than that of privates, regarding only those who were actually engaged.

It cannot fail to excite surprise that the English army of 61,511 men, during a period of three years and five months, should have had 13,815, or 22½ per cent. constantly sick; and yet the French army seems to have been not more fortunate. It is said that in July, 1800 (immediately before the battle of Talavera), the French army in the Peninsula amounted to 275,000 men, of whom 61,000, or 22¼ per cent. were sick. What is very remarkable, and ought to have excited attention at the time, is, that the officers of the English army, and the private soldiers of the cavalry and artillery suffered in no extraordinary degree from sickness; there appears therefore to be no sufficient or satisfactory reason for the total private soldiers of the army having suffered such a vast amount of sickness. If due inquiry had been made it would probably have been found that the causes of this sickness were capable of being removed without much difficulty, as the sickness from wounds did not exceed 1½ per cent. (the proportion wounded in a year being 15 per cent., and the average duration of each case of sickness from wounds being assumed to be the tenth part of a year). A very great pecuniary saving to the nation might have been effected by the removal of these causes of sickness; for, by reducing the proportion of sick to 6 per cent., there would have been set free from the hospitals 10,000 men, to be added to the effective force of the army.

The excessive sickness suffered by the peninsula army was accompanied by a proportional excess in the mortality. The general law connecting sickness with mortality is, that there is one death wherever there are two years of sickness. An excess of 10,000 constantly sick would, according to this law, be productive of 5000 deaths in the year. In the present case the proportion of death to sickness being somewhat greater than the usual proportion, indicates the sickness to have been severer than that commonly observed. Instead of two years to each death, the proportion of one year and ten months of sickness to each death, is found to have prevailed in the peninsula army. This proportion has been obtained by diminishing the total deaths by the numbers killed and the numbers of dead of wounds in the 10 days following actions; and comparing the deaths thus reduced with the total amount of sickness observed.

55. *Statistics of the new Lying-in Hospital, Dublin.*—The *Dublin Journal of Medical Sciences*, for November last, contains an elaborate report on this subject by Dr. Beatty, from which we extract the following interesting particulars.

The total number of women delivered, commencing April, 1834, and terminating August, 1837, was, *one thousand one hundred and eighty-two.*

Presentations.		
Head, - -	1,104	
Face, - -	4	or 1 in 295½
Breech, - -	25	or 1 in $47\frac{7}{25}$
Inferior extremity,	15	or 1 in 79
Superior extremity,	5	or 1 in 236⅖
Placenta, -	4	or 1 in 295½
Funis, - -	6	or 1 in 197
Head and hand,	1	
Twin cases, -	18	or 1 in 65¾
Total,	1,182	

Duration of Labour.	
Under 6 hours, - - -	557
Above 6 and under 12 - -	381
12 - - 24 - -	155
24 - - 36 - -	43
36 - - 48 - -	17
48 - - 60 - -	4
60 - - 75 - -	2
75 - - 96 - -	2
96 - - 136 - -	1
Total, - - -	1,182